FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

RECEIVED RECEIVED





### NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| SEC U         | SE ONLY |  |  |  |  |  |  |
|---------------|---------|--|--|--|--|--|--|
| Prefix        | Serial  |  |  |  |  |  |  |
|               |         |  |  |  |  |  |  |
| DATE RECEIVED |         |  |  |  |  |  |  |
|               | _ l     |  |  |  |  |  |  |

| Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.) Private Placement of Limited Partnership Interests of BP Capital Energy Equity Fund II, L.P. |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506 Section 4(6) ULOE   |  |  |  |  |  |  |  |  |  |
| Type of Filing: New Filing Amendment PROCESSED   |  |  |  |  |  |  |  |  |  |
| A. BASIC IDENTIFICATION DATA   |  |  |  |  |  |  |  |  |  |
| 1. Enter the information requested about the issuer  |  |  |  |  |  |  |  |  |  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)   |  |  |  |  |  |  |  |  |  |
| BP Capital Energy Equity Fund II, L.P.   |  |  |  |  |  |  |  |  |  |
| Address of Executive Offices (No. and Street, City, State, Zip Code) Telephone Number (Including Alex Code)  |  |  |  |  |  |  |  |  |  |
| 260 Preston Commons West, 8117 Preston Road, Dallas, Texas 75225 (214) 265-4165  |  |  |  |  |  |  |  |  |  |
| Address of Principal Business Operations (No. and Street, City, State, Zip Code) Telephone Number (Including Area Code)  |  |  |  |  |  |  |  |  |  |
| (if different from Executive Offices)  |  |  |  |  |  |  |  |  |  |
| Brief Description of Business  |  |  |  |  |  |  |  |  |  |
| Investment Partnership   |  |  |  |  |  |  |  |  |  |
| Type of Business Organization  |  |  |  |  |  |  |  |  |  |
| ☐ corporation ☐ limited partnership, already formed ☐ other (please specify):  |  |  |  |  |  |  |  |  |  |
| business trust limited partnership, to be formed   |  |  |  |  |  |  |  |  |  |
| Actual or Estimated Date of Incorporation or Organization:    Month   Year   |  |  |  |  |  |  |  |  |  |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: DE  |  |  |  |  |  |  |  |  |  |
| CN for Canada; FN for other foreign jurisdiction)  |  |  |  |  |  |  |  |  |  |

### GENERAL INSTRUCTIONS

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-97

#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ⊠ General and/or Managing Partner Full Name (Last name first, if individual) BP Capital Management, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 260 Preston Commons West, 8117 Preston Road, Dallas, Texas 75225 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ⊠General and/or Managing Partner Full Name (Last name first, if individual) TBP Investments Management LLC, General Partner of the General Partner Business or Residence Address (Number and Street, City, State, Zip Code) 260 Preston Commons West, 8117 Preston Road, Dallas, Texas 75225 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Director ⊠General and/or Managing Partner Full Name (Last name first, if individual) Thomas Boone Pickens, Jr., Chief Executive Officer of the General Partner of the General Partner Business or Residence Address (Number and Street, City, State, Zip Code) 260 Preston Commons West, 8117 Preston Road, Dallas, Texas 75225 Check Box(es) that Apply: ☐ Promoter ☐ Director ☐ Beneficial Owner ⊠General and/or Managing Partner Full Name (Last name first, if individual) Robert L. Stillwell, Managing Director of the General Partner of the General Partner Business or Residence Address (Number and Street, City, State, Zip Code) 260 Preston Commons West, 8117 Preston Road, Dallas, Texas 75225 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

|       |  |  |                                       |  |   |   |   |   |                               |   | T OF                                       |                             |  |   |              |            |  |
|-------|--|--|---------------------------------------|--|---|---|---|---|-------------------------------|---|--|-----------------------------|--|---|--------------|------------|--|
| 1.    | Answer also in Appendix, Column 2, if filing under ULOE.     |  |                                       |  |   |   |   |   |                               |   | s offering?                                | Yes<br>□                    | No<br>⊠  |   |              |            |  |
| 2.    | What   | is the n                                     | ninimu                                | m inves  | stment t  | hat will                                  | be acc                                    | epted f                                 | rom an                        | y indiv                                 | idual?                                     |                             |  | \$ <u>2</u>                             | \$ 20,000.00 |            |  |
| 3.    | . Does the offering permit joint ownership of a single unit: |  |                                       |  |   |   |   |   |                               | Yes<br>⊠                                | No   |                             |  |   |              |            |  |
|       | or incomme<br>conne<br>person<br>the na<br>person<br>only.   | directly<br>ection van or agame of<br>ame of | y, any with salent of a the bruch a b | committees of some of the contract of the cont | ission<br>ecuritie<br>r or dea<br>dealer<br>r deale | or simes in the aler reget. If mer, you r | ilar rei<br>e offer<br>istered<br>ore tha | munera<br>ing. It<br>with th<br>an five | tion for a persone SEC (5) pe | or solid<br>son to<br>and/or<br>rsons t | itation<br>be liste<br>with a<br>o be list | of pued is are state of are | ren, directly<br>rchasers in<br>associated<br>r states, list<br>associated<br>er or dealer |   |              |            |  |
| Full  | Name   | (Last  | name fi                               | rst, if ir   | ndividu   | al)                                       |   |   |                               |   |  |                             |  |   |              |            |  |
| Busi  | ness c   | r Resid                                      | lence A                               | ddress   | (Numb   | er and S                                  | Street, (                                 | City, St                                | ate, Zip                      | (Code                                   |  |                             |  |   |              |            |  |
| Nam   | e of A   | Associa                                      | ted Bro                               | ker or I   | Dealer  |   |   |   |                               | ·                                       |  |                             |  |   |              |            |  |
|       |  |  |                                       |  |   | cited or                                  |   |   |                               |   |  |                             |  |   |              |            |  |
|       |  |  |                                       |  |   |   |   |   |                               |   |  |                             |  |   | ?            | All States |  |
|       |  |  |                                       |  |   | [CO]                                      |   |   |                               |   |  |                             |  |   |              |            |  |
|       | [IL]   | [IN]   | [IA]                                  |  |   |   |   |   |                               |   |  |                             | [MO]   |   |              |            |  |
|       | [MT]   |  |                                       |  |   | [NM]                                      |   |   |                               |   |  |                             |  |   |              |            |  |
| Full  | [RI]<br>Name   | [SC]   | [SD]<br>name fi                       |  | [1X]<br>idividu                                     | [UT]                                      | [VI]                                      | [VA]                                    | [WA]                          | [WV]                                    | [WI]                                       | [WY]                        | [PR]   |   |              |            |  |
|       |  | <u> </u>                                     |                                       |  |   | er and S                                  | Street. (                                 | City, St                                | ate. Zir                      | Code)                                   |  |                             |  |   | - · · · · ·  |            |  |
|       |  |  |                                       | ker or I   |   |   |   |   |                               |   |  |                             |  |   |              |            |  |
|       |  |  |                                       |  |   |   |   |   |                               |   |  | 70.                         |  |   |              |            |  |
| State | es in V  | Vhich F                                      | erson I                               | Listed F   | łas Soli<br>dividua                                 | cited or                                  | Intend                                    | ls to So                                | licit Pu                      | rchaser                                 | 'S   |                             |  |   | 2            | All States |  |
|       |  |  |                                       |  |   | [CO]                                      |   |   |                               |   |  |                             |  | *************************************** |              | All States |  |
|       | (IL)   | [IN]   | [IA]                                  |  |   | [LA]                                      |   |   |                               |   |  |                             |  |   |              |            |  |
| ,     | [MT]   |  |                                       |  |   | [NM]                                      |   |   |                               |   |  |                             |  |   |              |            |  |
|       | [RI]   | [SC]   |                                       |  |   | [UT]                                      |   |   |                               | -                                       |  |                             | · -  |   |              |            |  |
| Full  |  |  |                                       |  | ndividu   |   | r - 1                                     | £ j                                     |                               | r                                       |  | ,                           |  | <del></del>                             |              |            |  |
| Busi  | ness c   | or Resid                                     | lence A                               | ddress   | (Numb   | er and S                                  | Street, (                                 | City, St                                | ate, Zip                      | Code)                                   |  |                             |  |   |              |            |  |
| Nam   | ne of A  | Associa                                      | ted Bro                               | ker or I   | Dealer  |   |   |   | <del></del>                   | <u></u>                                 |  | <del></del>                 |  | ·- <u>-</u>                             |              |            |  |
|       |  |  |                                       |  |   | cited or                                  |   |   |                               |   |  |                             |  | <del></del>                             |              |            |  |
|       |  |  |                                       |  |   |   |   |   |                               |   |  |                             |  |   | ?            | All States |  |
|       | [AL]   | [AK]   | [AZ]                                  |  |   | [CO]                                      |   |   |                               |   |  |                             | [ID]   |   |              |            |  |
|       | [IL]   | [IN]   | [IA]                                  |  |   | [LA]                                      |   |   |                               |   |  |                             |  |   |              |            |  |
|       | [MT]   | [NE]   | [NV]                                  |  |   | [NM]                                      |   |   |                               |   | -  |                             |  |   |              |            |  |
|       | [RI]   | [SC]   | [SD]                                  | [TN]   | [TX]  | [UT]                                      | [VT]                                      | [VA]                                    | [WA]                          | [WV]                                    | [WI]                                       | [WY]                        | [PR]   |   |              |            |  |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box? and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold 0 Debt..... Equity ..... 0 ☐ Common ☐ Preferred Convertible Securities (including warrants)..... \$ 16,020,000.00 \$ 16,020,000.00 Partnership Interests Other (Specify \_\_\_\_\_)..... 0 0 \$ 16,020,000.00 \$ 16,020,000.00 Total ..... Answer also in Appendix, Column 3, if filing under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero." Number Aggregate Dollar Amount Investors of Purchases \$ 16,020,000.00 Accredited Investors.... 15 Non-accredited Investors ..... 0\_\_ \$\_ 0 Total (for filings under Rule 504 only) N/A N/A Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering Type of Dollar Amount Security Sold Rule 505 N/A N/A Regulation A ..... N/A N/A Rule 504..... N/A N/A Total ..... N/A N/A 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees.... Printing and Engraving Costs. Legal Fees ..... $\boxtimes$ 50,000 Accounting Fees 5,000

Engineering Fees

Sales Commissions (specify finder's fees separately).....

Other Expenses (identify)

Total ......

0

0

0

55,000

|            | C. OFFERING PRICE, NUM   | MBER OF INVESTORS, EXPI  | ENSES AND U                      | SE OF        | PROCE                                    | EEDS                       |
|------------|--|--|----------------------------------|--------------|--|----------------------------|
|            | b. Enter the difference between the aggr<br>Question 1 and total expenses furnished<br>is the "adjusted gross proceeds to the issu   | in response to Part C-Question 4.a.  | This difference                  |              |  | \$ <u>15,965,000.00</u>    |
| 5.         | Indicate below the amount of the adjuste be used for each of the purposes shown. an estimate and check the box to the left must equal the adjusted gross proceeds to 4.b. above. | If the amount for any purpose is not of the estimate. The total of the pay     | t known, furnish<br>ments listed |              |  |                            |
|            |  |  |                                  | Off<br>Direc | ients to<br>icers,<br>tors, &<br>iliates | Payments To<br>Others      |
|            | Salaries and fees  |  |                                  | \$           |  | \$                         |
|            | Purchase of real estate  |  |                                  | \$           |  | \$                         |
|            | Purchase, rental or leasing and insta  | allation of machinery and equipmen   | t                                | \$           |  | \$                         |
|            | Construction or leasing of plant bui   | ildings and facilities   |                                  | \$           |  | \$                         |
|            | offering that may be used in exchar  | cluding the value of securities involvinge for the assets or securities of and | other issuer                     | \$           |  | \$                         |
|            | Repayment of indebtedness  |  |                                  | \$           |  | \$                         |
|            | Working capital  |  |                                  |              |  | \$                         |
|            | Other (specify) (investments)  |  |                                  |              |  | \$15,965,000.00            |
|            | Column Totals  |  |                                  | \$           | $\boxtimes$                              | \$ <u>15,965,000.00</u>    |
|            | Total Payments Listed (column total  | als added)   |                                  |              | <u>\$15,96</u>                           | 55,000.00                  |
|            |  | D. FEDERAL SIGNATU   | RE                               |              |  |                            |
| he<br>vrit | issuer has duly caused this notice to be si following signature constitutes an undertaten request of its staff, the information for 502.   | aking by the issuer to furnish to th   | e U.S. Securities                | and Exc      | change C                                 | ommission, upon            |
|            | uer (Print or Type)  Capital Energy Equity Fund II, L.P.   | Signature  (Alex Li Shilling)  | Date April                       | , 2005       |  | in a till yett yett yettig |
|            |  | Title of Signer (Print or Type)  | / 115111                         | _, 2003      |  |                            |
|            | , , , , , , , , , , , , , , , , , , ,  | Managing Director of the General P   | artner of the Gen                | eral Parti   | ner                                      |                            |
|            |  | ATTENTION  |                                  |              |  |                            |
|            | Intentional misstatements or omiss   |  | criminal violati                 | ons. (S      | ee 18 U                                  | .S.C. 1001).               |

d-1318754\_3.DOC

### E. STATE SIGNATURE

| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions | Yes | No          |
|----|--|-----|-------------|
|    | of such rule?  | ?   | $\boxtimes$ |

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type)                 | Signature                                   | Date                   |
|--|---|------------------------|
| BP Capital Energy Equity Fund II, L.P. | Noturta Statule                             | April <u>↓</u> , 2005  |
| Name of Signer (Print or Type)         | Title of Signer (Print or Type)             |                        |
| Robert L. Stillwell                    | Managing Director of the General Partner of | of the General Partner |

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

|          | 1                            |  | ·  |                                |  |  |  |  |  |  |  |  |
|----------|------------------------------|--|--|--------------------------------|--|--|--|--|--|--|--|--|
| 1        |                              | 2  | 3  |                                | 5  |  |  |  |  |  |  |  |
|          | non-ac<br>inves<br>St<br>(Pa | to sell to<br>credited<br>tors in<br>tate<br>rt B-<br>m 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-<br>Item 1) | Type of inve                   | Type of investor and amount purchased in State (Part C-Item 2) |  |  |  |  |  |  |  |
| State    | Yes                          | No   | Limited<br>Partnership<br>Interests  | Number of Accredited Investors |  |  |  |  |  |  |  |  |
| AL       |                              |  |  |                                |  |  |  |  |  |  |  |  |
| AK       |                              |  |  |                                |  |  |  |  |  |  |  |  |
| AZ       |                              |  |  |                                |  |  |  |  |  |  |  |  |
| AR       |                              |  |  |                                |  |  |  |  |  |  |  |  |
| CA       |                              |  |  |                                |  |  |  |  |  |  |  |  |
| СО       |                              |  |  |                                |  |  |  |  |  |  |  |  |
| СТ       |                              |  | _  |                                |  |  |  |  |  |  |  |  |
| DE       |                              |  |  |                                |  |  |  |  |  |  |  |  |
| DC       |                              |  |  |                                |  |  |  |  |  |  |  |  |
| FL       |                              |  |  |                                |  |  |  |  |  |  |  |  |
| GA       |                              |  |  |                                |  |  |  |  |  |  |  |  |
| HI       |                              |  |  |                                |  |  |  |  |  |  |  |  |
| ID       |                              |  |  |                                |  |  |  |  |  |  |  |  |
| IL       |                              |  |  |                                |  |  |  |  |  |  |  |  |
| IN       |                              |  |  |                                |  |  |  |  |  |  |  |  |
| IA       |                              |  |  |                                |  |  |  |  |  |  |  |  |
| KS       |                              |  |  |                                |  |  |  |  |  |  |  |  |
| KY       |                              | <u>.</u>   |  |                                |  |  |  |  |  |  |  |  |
| LA       |                              |  | <u></u>  |                                |  |  |  |  |  |  |  |  |
| ME<br>MD |                              |  |  |                                |  |  |  |  |  |  |  |  |
| MA       |                              |  |  |                                | -  |  |  |  |  |  |  |  |
| MI       |                              |  |  |                                |  |  |  |  |  |  |  |  |
| MN       |                              |  |  |                                |  |  |  |  |  |  |  |  |
| 17117    |                              |  |  |                                | •                        |  |  |  |  |  |  |  |

# APPENDIX

|       |       |               |   |                                   | 4  |                             |        |  |  |  |  |  |
|-------|-------|---------------|---|-----------------------------------|--|-----------------------------|--------|--|--|--|--|--|
| 1     |       | 2             | 3   |                                   | 5  |                             |        |  |  |  |  |  |
|       |       | to sell to    | Type of security and aggregate                        |                                   |  |                             |        | Disqualification under State ULOE                    |  |  |  |  |
|       | inves | tors in       | offering price  |                                   |  |                             |        |  |  |  |  |  |
|       |       | tate          | offered in state                                      | T £!                              | acton and access   | t management to Co          | to.    | (if yes, attach<br>explanation of<br>waiver granted) |  |  |  |  |
|       |       | rt B-<br>m 1) | (Part C-<br>Item 1)                                   | Type of inve                      | Type of investor and amount purchased in State (Part C-Item 2) |                             |        |  |  |  |  |  |
|       |       |               | Limited   |                                   |  | Number of                   |        |  |  |  |  |  |
| State | Yes   | No            | Partnership<br>Interests                              | Number of Accredited<br>Investors | Amount   | Non-Accredited<br>Investors |        |  |  |  |  |  |
| MS    | ies   | NO            | meresis   | investors                         | Amount   | Investors                   | Amount |  |  |  |  |  |
| МО    |       |               |   |                                   |  |                             |        |  |  |  |  |  |
| MT    |       |               | # - <del>/                                     </del> |                                   |  |                             |        |  |  |  |  |  |
| NE    |       |               |   |                                   |  |                             |        |  |  |  |  |  |
| NV    |       |               |   |                                   |  |                             |        |  |  |  |  |  |
| NH    |       |               |   |                                   |  |                             |        |  |  |  |  |  |
| NJ    |       |               |   |                                   |  |                             |        |  |  |  |  |  |
| NM    |       |               |   |                                   |  |                             |        |  |  |  |  |  |
| NY    |       |               |   |                                   |  |                             |        |  |  |  |  |  |
| NC    |       | No.           | Limited<br>Partnership<br>Interests<br>\$1,000,000    | 1                                 | \$1,000,000  | 0                           | \$0    | No.  |  |  |  |  |
| ND    |       |               |   |                                   |  |                             |        | •              |  |  |  |  |
| ОН    |       |               |   |                                   |  |                             |        |  |  |  |  |  |
| ок    |       |               |   |                                   | mage qualify.  |                             |        |  |  |  |  |  |
| OR    |       |               |   |                                   |  |                             |        |  |  |  |  |  |
| PA    |       |               |   |                                   |  |                             |        |  |  |  |  |  |
| RI    |       |               |   |                                   |  |                             |        |  |  |  |  |  |
| SC    |       |               |   |                                   |  |                             |        |  |  |  |  |  |
| SD    |       |               |   |                                   |  |                             |        |  |  |  |  |  |
| TN    |       |               |   |                                   |  |                             |        |  |  |  |  |  |
| TX    |       | No.           | Limited Partnership Interests \$15,020,000            | 14                                | \$15,020,000   | 0                           | \$0    | No.  |  |  |  |  |

# APPENDIX

|       |   |    |                                     |                                   |        |  |   | T - ~ |
|-------|---|----|-------------------------------------|-----------------------------------|--------|--|---|-------|
| 1     |   | 2  | 3                                   | ·                                 | 5      |  |   |       |
|       | Intend to sell to non-accredited investors in State (Part B- Item 1)  State 1 (Part C- Type of investor and amount purchased in State (Part C- Type of investor and amount purchased in State (Part C-Item 2) |    |                                     |                                   |        |  | Disqualification<br>under State ULOE<br>(if yes, attach<br>explanation of<br>waiver granted)<br>(Part E-Item 1) |       |
| State | Yes   | No | Limited<br>Partnership<br>Interests | Number of Accredited<br>Investors | Amount | Number of<br>Non-Accredited<br>Investors | Amount  |       |
| UT    |   |    |                                     |                                   |        |  |   |       |
| VT    |   |    |                                     |                                   |        |  |   |       |
| VA    |   |    |                                     |                                   |        |  |   |       |
| WA    |   |    |                                     |                                   |        |  |   |       |
| wv    |   |    | _                                   |                                   |        |  |   |       |
| WI    |   |    |                                     |                                   |        |  |   |       |
| WY    |   |    |                                     |                                   |        |  |   |       |
| PR    |   |    |                                     |                                   |        |  |   |       |